

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/763978	FILING DATE
APPLICANT(s)		

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	16					
TOTAL DEP.	19					
TOTAL CLAIMS	85					

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TOTAL DEP.		
TOTAL CLAIMS		